

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Alborg, Timothy E.		
LOBBYIST FIRM/EMPLOYER (if applicable) Zagster, Inc.		TELEPHONE 770-595-0190
MAILING ADDRESS (No. and Street or P.O. Box) 450 Geary Street Suite 200		FAX
		EMAIL tim.alborg@gmail.com
(City) San Francisco	(State) California	(Zip Code) 94102

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Zagster, Inc.		TELEPHONE 770-595-0190
MAILING ADDRESS (No. and Street or P.O. Box) 450 Geary Street Suite 200		FAX
		EMAIL tim.alborg@gmail.com
(City) San Francisco	(State) California	(Zip Code) 94102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 4,000.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 57 (2018)	Outcome: Pending	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <div style="text-align: center;">  _____ LOBBYIST SIGNATURE </div> <div style="text-align: center;"> 1/10/19 _____ DATE </div>	<p>Subscribed and sworn to before me</p> <p>This <u>10</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: _____ <small>*See Attached Notarial Certificate*</small></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>May 26, 2020</u></p>
---	--

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer(s), not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Alameda

Subscribed and sworn to (or affirmed) before me

on this 10 day of January 2019
 by Date Month Year

(1) Timothy E. Alborg

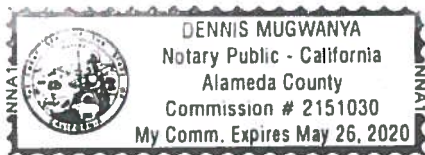
(and (2) _____)

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document:

Lobbyist 2018 Annual Report

Document Date:

1/10/2019

Number of Pages:

02

Signer(s) Other Than Named Above:

None

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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19 JAN -4 A11 :06

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 -- December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Alexander, Daniel Anthony

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaii Bicycling League ^{JP 1/22/19}

TELEPHONE

808-735-5756

MAILING ADDRESS (No. and Street or P.O. Box)

3442 Waialae Avenue, Suite 1

FAX

EMAIL

daniel@hbl.org

(City)

Honolulu

(State)

HI

(Zip Code)

96816

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Bicycling League

TELEPHONE

808-735-5756

MAILING ADDRESS (No. and Street or P.O. Box)

3442 Waialae Avenue, Suite 1

FAX

EMAIL

bicycle@hbl.org

(City)

Honolulu

(State)

HI

(Zip Code)

96816

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) AttachedNOTARY PUBLIC CERTIFICATION
Minu G. Lee
Doc. Description _____

No. of Pages _____ Date of Doc. _____

Deadline: January 10th of Each YearNotary Signature _____
NOTE: This is a public document.

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$3250
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input checked="" type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 12/31/18 DATE	Subscribed and sworn to before me This <u>31</u> day of <u>December</u> , <u>2018</u> By: <u>Minu G. Lee</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>Feb 8, 2021</u> NOTARY PUBLIC CERTIFICATION Minu G. Lee First Judicial Circuit Doc. Description: <u>2018 Annual Report</u>
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Lobbyist Annual Report
Daniel Alexander
Additional Information for Part VI Outcomes

Resolution 17-360 – passed in January 2018

Resolution 18-1 – passed in January 2018

Resolution 18-54 – passed in March 2018

Resolution 18-68 – passed in March 2018

Bill 7 (2018) – passed in May 2018

Bill 82 (2017) – passed by Council in May 2018, vetoed by Mayor in May 2018, Council failed to reconsider

Bill 15 (2018) – passed in June 2018

Bill 111 (2017) – passed in August 2018

Resolution 18-219 – passed in November 2018

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

ALIVADO, Shannon L.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-4548

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

808-203-1748

EMAIL

shannon.alivado@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-4548

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

EMAIL

shannon.alivado@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

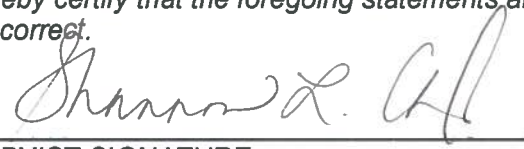
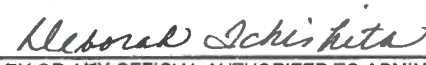
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None in 2018	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE December 19, 2018 DATE	Subscribed and sworn to before me This <u>19th</u> day of <u>December</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Signature on File DEBORAH ICHISHITA My commission expires: <u>July 18, 2020</u>
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Doc. Date: undated # Pages: 2
Name: Deborah Ichishita First Circuit
Doc. Description: 2018 Lobbyist
ANNUAL Report
Deborah Ichishita 12/19/18
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Anemiya Ronald		
LOBBYIST FIRM/EMPLOYER (if applicable) Ironworkers Stabilization Fund		TELEPHONE 677-0375
MAILING ADDRESS (No. and Street or P.O. Box) 94-497 Ukee Street		FAX 671-6901
		EMAIL
(City) Waipahu	(State) Hawaii	(Zip Code) 96797

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ironworkers Stabilization Fund		TELEPHONE 677-0375
MAILING ADDRESS (No. and Street or P.O. Box) 94-497 Ukee Street		FAX 671-6901
		EMAIL stab625@yahoo.com
(City) Waipahu	(State) Hawaii	(Zip Code) 96797

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount 3000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

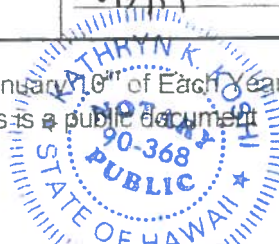
<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. <i>N/A</i>	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct. <u><i>Renold Y. Amejayi</i></u> LOBBYIST SIGNATURE MAR 22 2019 DATE	Subscribed and sworn to before me This <u>22nd</u> day of <u>MARCH</u> , 2019 By: <u><i>[Signature]</i></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6/3/19</u>
--	---



[Signature] MAR 22 2019



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Apo, Todd

LOBBYIST FIRM/EMPLOYER (if applicable)

The Howard Hughes Corporation

TELEPHONE

808-591-8411

MAILING ADDRESS (No. and Street or P.O. Box)

1240 Ala Moana Blvd., Suite 200

FAX

EMAIL todd.apo@howardhughes.com

(City) Honolulu

(State) HI

(Zip Code) 96814

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

The Howard Hughes Corporation

TELEPHONE

808-591-8411

MAILING ADDRESS (No. and Street or P.O. Box)

1240 Ala Moana Blvd., Suite 200

FAX

EMAIL todd.apo@howardhughes.com

(City) Honolulu

(State) HI

(Zip Code) 96814

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable

PART II.B NO LONGER LOBBYING



☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

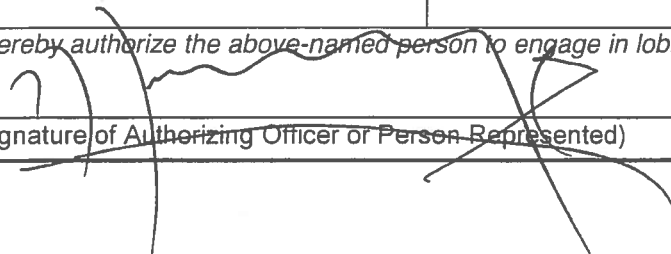
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

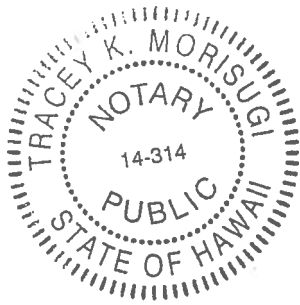
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 3/21/19 DATE	<p>Subscribed and sworn to before me This 21ST day of <u>March</u>, 2019.</p> <p>By:  NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS TRACEY K. MORISUGI My commission expires: 9/14/2022</p> <p>NOTARY CERTIFICATE ON NEXT PAGE</p>
--	---

PART V AUTHORIZATION TO LOBBY

NAME Simon Treacy		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) The Howard Hughes Corporation		TELEPHONE 808-591-8411
MAILING ADDRESS (No. and Street or P.O. Box) 1240 Ala Moana Blvd., Suite 200		FAX
		EMAIL <u>simon.treacy@howardhughes.com</u>
(City) Honolulu	(State) HI	(Zip Code) 96814
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		3/21/19 (Date)



Document Date: Undated at time of Notarization #Pages: 2
Notary Name: TRACEY K. MORISUGI First Circuit
Doc. Description: 2019 Registration Lobbyist
Registration
Notary Signature: [Signature] Date: 3/21/19
NOTARY CERTIFICATION

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

BARRETT, W. BRUCE

LOBBYIST FIRM/EMPLOYER (if applicable)

CASTLE & COOKE HOMES HAWAII, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

bbarrett@castlecooke.com

(City) HONOLULU

(State) HI

(Zip Code) 96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

CASTLE & COOKE HOMES HAWAII, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

bbarrett@castlecooke.com

(City) HONOLULU

(State) HI

(Zip Code) 96817

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


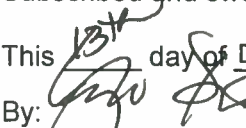
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DEC 13 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 13th day of December, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p>June 14, 2020</p> <p>NOTARY CERTIFICATION</p>
---	--

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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3/12-18-18

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Black Robert Brian

LOBBYIST FIRM/EMPLOYER (if applicable)

Civil Beat Law Center for the Public Interest

TELEPHONE

808-531-4000

MAILING ADDRESS (No. and Street or P.O. Box)

700 Bishop Street, Suite 1701

FAX 808-380-3580

EMAIL brian@civilbeatlawcenter.org

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Civil Beat Law Center for the Public Interest

TELEPHONE

808-531-4000

MAILING ADDRESS (No. and Street or P.O. Box)

700 Bishop Street, Suite 1701

FAX 808-380-3580

EMAIL info@civilbeatlawcenter.org

(City) Honolulu

(State) HI

(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$43.92
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>90</u> (Year) <u>2017</u> Reso No. _____ Admin. Rule No. <u>Police Comm'n R 1c</u> Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 90 (2017)	Outcome: passed	4.	Outcome:
2. Police Comm'n Rules	Outcome: passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

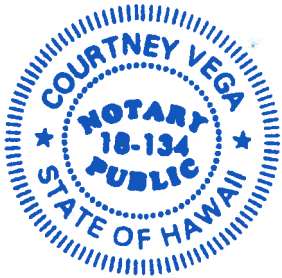
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>12-13-18</u> DATE	Subscribed and sworn to before me This <u>13th</u> day of <u>December</u> , <u>2018</u> . By:  Courtney Vega NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>03/25/2022</u>
---	---

ACKNOWLEDGMENT

STATE OF HAWAII)
 : SS.
CITY AND COUNTY OF HONOLULU)

On this 13th day of December, 2018, before me personally appeared Robert Brian Black, to me personally known, who being by me duly sworn, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable, in the capacity shown, having been duly authorized to execute such instrument in such capacity.

Subscribed and sworn to before me
this 13th day of December, 2018.



Notary Public, State of Hawai'i

Courtney Vega

Printed Name of Notary

My commission expires: March 25, 2022

Doc. Date: December 13, 2018 # Pages: 3
Notary Name: Courtney Vega First Circuit
Doc. Description: 2018 Annual Report - Lobbyist Annual Report

Notary Signature

12/13/18

Date

(Stamp or Seal)

NOTARY CERTIFICATION
(FOR HAWAII NOTARY ONLY)



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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19 JAN 10 A10:37

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Caballero, Mateo

LOBBYIST FIRM/EMPLOYER (if applicable)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808 522 5908

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3410

FAX

808 522 5909

EMAIL

mcaballero@acluhawaii.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96801

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808 522 5900

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3410

FAX

808 522 5909

EMAIL

office@acluhawaii.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96801

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	\$ 0	Receptions, Meals, Food & Beverages	Amount	\$ 0
Preparation & Distribution of Lobbying Materials	Amount	\$ 0	Media Advertising	Amount	\$ 0
Entertainment & Events	Amount	\$ 0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL	\$ 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 0
Compensation	Amount \$ 2,107.40
Contributions	Amount \$ 0
Membership Fees	Amount \$ 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

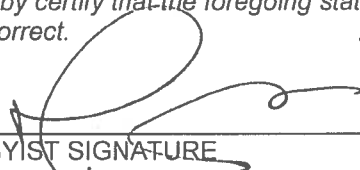
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 51 (2018)	Outcome: Passed	4. Res 18-280	Outcome: Adopted
2. Bill 52 (2018)	Outcome: Passed	5. Res 18-281	Outcome: Pending
3. Res 18-246 (2018)	Outcome: Adopted	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DATE 11/9/19</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: * See attached notary page.</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
---	--

)

) SS.

CITY AND COUNTY OF HONOLULU)

)

The foregoing undated Honolulu Ethics Commission 2018 Lobbyist Annual Report consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by MATEO CABALLERO in the First Circuit of the State of Hawaii on this 9th day of January, 2019.



Patrick Y. Faomae

PATRICK Y. TAOMAE

Notary Public, State of Hawaii

My Commission Expires: 6/30/2019

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Case, Ed

LOBBYIST FIRM/EMPLOYER (if applicable)

Outrigger Hotels Hawaii

TELEPHONE

921-6616

MAILING ADDRESS (No. and Street or P.O. Box)

2375 Kuhio Avenue

FAX

n/a

EMAIL

c/o scott.miyasato@outrigger.com

(City)

Honolulu

(State)

HI

(Zip Code)

96815

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Outrigger Hotels Hawaii

TELEPHONE

921-6616

MAILING ADDRESS (No. and Street or P.O. Box)

2375 Kuhio Avenue

FAX

n/a

EMAIL

scott.miyasato@outrigger.com

(City)

Honolulu

(State)

HI

(Zip Code)

96815

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount \$11,900	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$11,900	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>11</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 11 (2018)	Outcome: Deferred	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>Outrigger Hotels Hawaii, by OTRG Acquisition GP, LLC, its General Partner By Scott T. Miyasato, its SVP</p> <p><u>Scott T. Miyasato</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>4/10/19</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This _____ day of _____</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>dd 1/10/19</u></p>
---	---

STATE OF HAWAII)
)
CITY AND COUNTY OF HONOLULU)

Subscribed and sworn to before me this 10th day of January, 2019

by Scott T. Miyasato

Dorinda Dunlap
Notary Public, State of Hawaii
Dorinda Dunlap



My commission expires September 15, 2020

NOTARY CERTIFICATION STATEMENT

Doc. Date: 1/16/19 No. of Pages: 2 + this

Dorinda Dunlap Jurisdiction: First Circuit
Printed Name of Notary notary Page

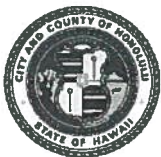
Document Identification or Description: Honolulu Ethics

Commission 2018 Lobbyist Annual

Report

Dorinda Dunlap January 10, 2019
Signature of Notary Date of Notarization and
Certification Statement



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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18 NOV 13 P12:00

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Char, Susan M.		TELEPHONE (808) 543-5865
MAILING ADDRESS (Street) P. O. Box 2750		FAX (808) 203-1635
		EMAIL susan.char@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount -0-	Receptions, Meals, Food & Beverages	Amount -0-
Preparation & Distribution of Lobbying Materials	Amount -0-	Media Advertising	Amount -0-
Entertainment & Events	Amount -0-	Other	
		TOTAL	-0-

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount -0-
Compensation	Amount -0-
Contributions	Amount -0-
Membership Fees	Amount -0-
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

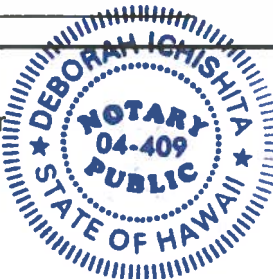
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1.	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>11/2/18</u> DATE	Subscribed and sworn to before me This <u>2nd</u> day of <u>November</u> , <u>2018</u> . By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>DEBORAH ICHISHITA</u> My commission expires: <u>July 18, 2020</u>
---	--

Doc. Date: undated # Pages: 2
 Rev. 12/2017 Name: Deborah Ichishita First Circuit
 Doc. Description: Lobbyist Deadline: January 10th of Each Year
ANNUAL REPORT NOTE: This is a public document
Deborah Ichishita 11/2/18
 Signature Date
 NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) CHENG, NORMAN H.Y.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL ncheng@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (571) 302-5757
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BLVD., 7TH FLOOR		FAX
		EMAIL
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <div style="text-align: center;">  _____ LOBBYIST SIGNATURE </div> <div style="text-align: center;"> 1/8/19 _____ DATE </div>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Bernadette G. Lee</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
---	---

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 8, 2019 ☐ Undated at time of notarization

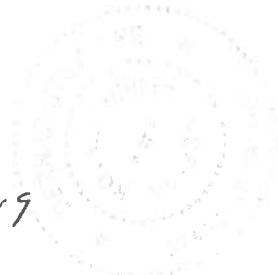
Document Description: Honolulu Ethics Commission - 2018 Annual Report (Norman H.Y. Cheng)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Bernadette A. Lee January 8, 2019
Signature of Notary Date of Notarization and
Certification Statement

BERNADETTE A. LEE
Printed Name of Notary



(Official Stamp or Seal)

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Ching, Meredith J.

LOBBYIST FIRM/EMPLOYER (if applicable)

Alexander & Baldwin JP 12/19

TELEPHONE

525-6669

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3440

FAX

525-6677

EMAIL

mching@abhi.com

(City)

Honolulu

(State)

HI

(Zip Code)

96801

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Alexander & Baldwin

TELEPHONE

525-6669

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3440

FAX

525-6677

EMAIL

mching@abhi.com

(City)

Honolulu

(State)

HI

(Zip Code)

96801

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$240.00
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


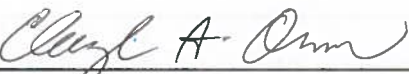
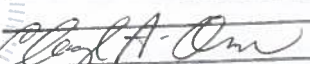
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 110 (2017) ^{JP 1/23}	Outcome: Passed	4.	Outcome:
2. Bill 16 (2018) ^{JP 1/23}	Outcome: Passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>12/14/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>18th</u> day of <u>December</u>, 2018.</p> <p>By:  CHERYL A. ONISHI</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>APR 17 2021</u></p> <p>Doc. Date: <u>Undated</u> # Pages: <u>2</u></p> <p>Notary Name: Cheryl A. Onishi First Circuit</p> <p>Doc. Description: <u>2018 Annual Report</u></p> <p> 12/18/18</p> <p>Notary Signature Date</p>
--	--

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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18 DEC 31 P1:42

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Choe, Francis H.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Telcom Communications, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Telcom Communications, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


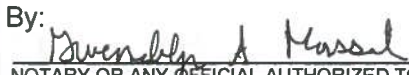
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>12/17/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 17th day of December, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: FEB. 22, 2020</p> <p>Notary Certification on back side</p>
---	--



Doc. Date: 12/17/18 # Pages: 2
Name: GWENDOLYN A. MASSIAH 1st Circuit
Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
Signature Date

NOTARY CERTIFICATION

0505,SS.837



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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'18 DEC 31 P1:42

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Choe, Francis H.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Telcom Services Company, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Telcom Services Company, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

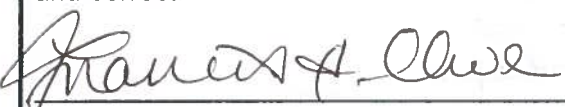


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>12/17/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 17th day of December, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: FEB. 22, 2020</p> <p><i>Notary Certification on back page</i></p> 
---	---

Doc. Date: 12/17/18 # Pages: 2
Name: GWENDOLYN A. MASSIAH 1st Circuit
Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
Signature Date

NOTARY CERTIFICATION

0505,55.837



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Choe, Francis H.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Telcom, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Telcom, Inc.

TELEPHONE

808.546.3868

MAILING ADDRESS (No. and Street or P.O. Box)

1177 Bishop Street, Suite 15

FAX

EMAIL

francis.choe@hawaiiantel.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 12/17/18 DATE	Subscribed and sworn to before me This 17th day of December, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: FEB. 22, 2020 Notary Certification on back side
--	--



Doc. Date: 12/17/18 # Pages: 2
Name: GWENDOLYN A. MASSIAH 1st Circuit
Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL (808) 768-9242 FAX: (808) 768-7768

Email:

Website

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*19 JAN -9 A11 :02

2018 ANNUAL REPORT

Lobbyist Annual Report

(January 1 – December 31, 2018)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Chong, Dwight P.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaii Medical Service Association

TELEPHONE

808-948-7599

152 DA

MAILING ADDRESS (No. and Street or P.O. Box)

818 Keeaumoku St.

FAX

808-948-7580

EMAIL

Pono_Chong@hmsa.com

(City)

Honolulu

(State)

HI

(Zip Code)

96814

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Medical Service Association

TELEPHONE

808-948-7599

MAILING ADDRESS (No. and Street or P.O. Box)

818 Keeaumoku St.

FAX

808-978-7580

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96814

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0.00

Receptions, Meals, Food
& Beverages

Amount

0.00

Preparation & Distribution
of Lobbying Materials

Amount

0.00

Media Advertising

Amount

0.00

Entertainment & Events

Amount

0.00

Other ☐ Additional Sheet(s) Attached

TOTAL

2,500 0 D.C.

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 2,500.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		


PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

L.S.

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.


 LOBBYIST SIGNATURE
 1/3/19
 DATE

Subscribed and sworn to before me

This 4th day of January, 2019.

By: 
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
 Kimberly Jonas

My commission expires:

10/23/2020

See notary certification on separate pg

STATE OF HAWAII)
) SS.
CITY & COUNTY OF HONOLULU)

Dwight P. Chang, being first duly sworn on oath, deposes and says:

1. That he/~~she~~/they is/~~are~~ the affiant herein;
2. That he/~~she~~/they is/~~are~~ a resident of the City and County of Honolulu, State of Hawaii;
3. That he/~~she~~/they has read the affidavit and knows the contents thereof; and
4. That the said affidavit is true to the best of the affiant's knowledge and belief

Further affiant sayeth not.


Affiant signature

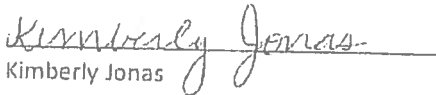
This 3 page 2018 Lobbyist Annual Report,

dated January 3, 2019, was subscribed and sworn

to before me this 3rd day of January, 2019.

Seal

in the First Circuit of the State of Hawaii, by Dwight P. Chang.


Kimberly Jonas

1/3/19
Date

Notary Public, State of Hawaii

My commission expires 10/23/2020



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Chow, Tabatha

LOBBYIST FIRM/EMPLOYER (if applicable)

Uber Technologies, Inc. and Affiliates

TELEPHONE

202-794-7387

MAILING ADDRESS (No. and Street or P.O. Box)

645 Piikoi St, #402

401 Kamekahi St. #413

FAX

EMAIL tabatha@uber.com

(City)

Honolulu

(State)

HI

(Zip Code)

96814

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Uber Technologies, Inc. and Affiliates

TELEPHONE

202-794-7387

MAILING ADDRESS (No. and Street or P.O. Box)

1455 Market Street, 4th Floor

FAX

EMAIL daviswhite@uber.com

(City)

San Francisco

(State)

CA

(Zip Code)

94103

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL \$0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount \$9086.54
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

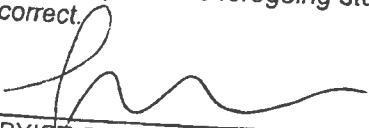

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

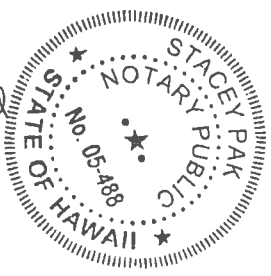
1. Transportation Network Com	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE JAN - 9 2019 DATE	Subscribed and sworn to before me This 9 th day of January, 2019. By: STACEY PAK  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: COMMISSION EXPIRES ON JULY 19, 2019
---	---

Doc. Date: undated # Pages: 2
Stacey Pak First Circuit
Doc. Description Lobbyist Annual
Report

Stacey Pak 01/09/2019
Notary Signature Date



NOTARY CERTIFICATION

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Clay, Murray, Richard

LOBBYIST FIRM/EMPLOYER (if applicable)

Ulupono Initiative

TELEPHONE

(808) 544-8975

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

mclay@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Ulupono Initiative

TELEPHONE

(808) 544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

info@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

JP 2/1/19
0Receptions, Meals, Food
& Beverages

Amount

JP 2/1/19
0Preparation & Distribution
of Lobbying Materials

Amount

JP 2/1/19
0

Media Advertising

Amount

JP 2/1/19
0

Entertainment & Events

Amount

JP 2/1/19
0Other ☐ Additional Sheet(s) Attached

TOTAL

JP 2/1/19
0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a ^{JP 2/1/19}

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 15 (2013) ^{JP 2/1/19}	Outcome: Passed	4.	Outcome:
2. Bill 25 (2018) ^{JP 2/1/19}	Outcome: Failed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me This <u>25th</u> day of <u>JANUARY</u> , 2019. By: <u>MURRAY RICHARD CLAY</u>	
LOBBYIST SIGNATURE <u>[Signature]</u> DATE <u>1/25/2019</u>	Doc. Date: <u>JAN 25 2019</u> # Pages <u>2</u> Notary Name: <u>Miriam R. Domingo</u> Doc. Description: <u>2018 ANNUAL REPORT</u>	My commission expires <u>3/25/2022</u> NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII No. 18-137	
Notary Signature <u>[Signature]</u>		Deadline: <u>January 10th</u> of Each Year NOTE: This is a public document	

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Cooke, Jesse, K.

LOBBYIST FIRM/EMPLOYER (if applicable)

Ulu pono Initiative

TELEPHONE

(808) 544-8978

MAILING ADDRESS (No. and Street or P.O Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

jcooke@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Ulu pono Initiative

TELEPHONE

(808) 544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

info@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0 \$2/19

Receptions, Meals, Food
& Beverages

Amount

0 \$2/19

Preparation & Distribution
of Lobbying Materials

Amount

0 \$2/19

Media Advertising

Amount

0 \$2/19

Entertainment & Events

Amount

0 \$2/19

Other ☐ Additional Sheet(s) Attached

TOTAL

0 \$2/19

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> 2/1/19 JP n/a

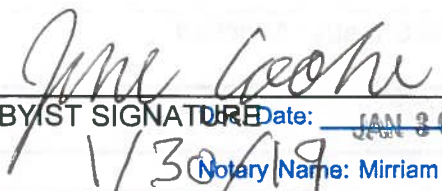


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE	Subscribed and sworn to before me This <u>20th</u> day of <u>JANUARY</u> , 2019 By: <u>JESSE K COOKE</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>3/25/2022</u> 
DATE: <u>1/30/19</u> Doc. Description: <u>2018 ANNUAL REPORT</u>	# Pages: <u>2</u> Notary Name: <u>Mirriam R. Domingo</u> First Circuit: <u>1</u> Notary Seal: <u>18-137</u>



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL (808) 768-9242 FAX (808) 768-7768
Email ethics@honolulu.gov
Website <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Coppa, Bruce		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
(City) Honolulu (State) HI		EMAIL bruce.coppa@808cch.com
		(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o Joel Aurora, Designated agent for Filer 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
(City) San Rafael (State) CA		EMAIL airbnbinc@nmgovlaw.com
		(Zip Code) 94901

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL -NA-			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$12,565.44
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

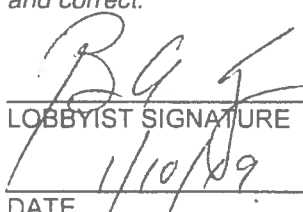

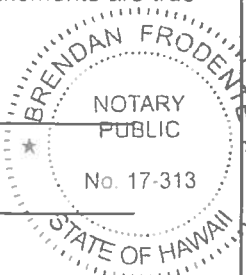
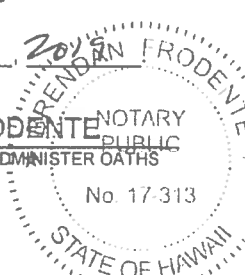
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Resos 17-52, 17-163, 17-164, 17-301		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

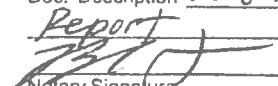
1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE 1/10/19		Subscribed and sworn to before me This 10 th day of January, 2019 By:  BRENDAN FRODENTE NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 7/25/21	
			

Rev. 11/2018

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Doc. Date: 1/1/19 # Pages 2
 Notary Name: Brendan Frodente First Circuit
 Doc. Description: 2018 Annual Report

 Notary Signature Date 1/10/19

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Coppa, Bruce

LOBBYIST FIRM/EMPLOYER (if applicable)

Capitol Consultants of Hawaii, LLP

TELEPHONE

(808) 531-4551

MAILING ADDRESS (No. and Street or P.O. Box)

222 South Vineyard Street, Suite 401

FAX (808) 533-4601

EMAIL bruce.coppa@808cch.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

American Chemistry Council

TELEPHONE

(916) 448-2581

MAILING ADDRESS (No. and Street or P.O. Box)

1121 L Street, Suite 609

FAX (916) 442-2449

EMAIL Tim_Shestek@americanchemistry.com

(City) Sacramento

(State) CA

(Zip Code) 95814

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$4,250
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

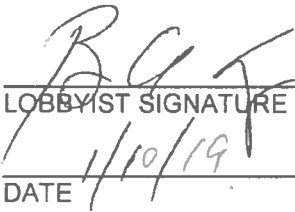
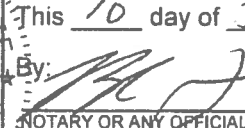
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Bills 17-71, 17-73 17-108 18-92		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

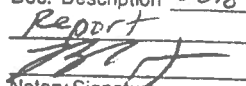
1. Bill 17-71	Outcome: Deferred	4. Bill 18-92	Outcome: Introduced
2. Bill 17-73	Outcome: Deferred	5.	Outcome:
3. Bill 17-108	Outcome: Deferred	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE 1/10/19	Subscribed and sworn to before me This 10 day of January, 2019 By:  BRENDAN FRODENTE NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 7/25/21
---	--

Rev. 11/2018

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Doc. Date: 1/1/19 # Pages: 2
 Notary Name: Brendan Frodente First Circuit
 Doc. Description: 2018 Annual Report

 Notary Signature Date: 1/10/19

**HONOLULU ETHICS COMMISSION**

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TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Coppa, Bruce

LOBBYIST FIRM/EMPLOYER (if applicable)

Capitol Consultants of Hawaii, LLP

TELEPHONE

(808) 531-4551

MAILING ADDRESS (No. and Street or P.O. Box)

FAX (808) 533-4601

222 South Vineyard Street, Suite 401

EMAIL bruce.coppa@808cch.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Memorial Life Plan Ltd.

TELEPHONE

(808) 522-5233

MAILING ADDRESS (No. and Street or P.O. Box)

FAX (808) 522-9310

1330 Maunakea Street

EMAIL jay.morford@dignitymemorial.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$5,759.16
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>See Below</u> (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 17-1	Outcome: Deferred	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>BGF</u> LOBBYIST SIGNATURE</p> <p><u>1/10/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>[Signature]</u> BRENDAN FRODENTE NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/21</u></p>
---	---

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 Notary Name: Brendan Frodente First Circuit
 Doc. Description: 2018 Annual Report
[Signature] 1/10/19
 Notary Signature Date

**HONOLULU ETHICS COMMISSION**

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(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Coppa, Bruce

LOBBYIST FIRM/EMPLOYER (if applicable)

Capitol Consultants of Hawaii, LLP

TELEPHONE

(808) 531-4551

MAILING ADDRESS (No. and Street or P.O. Box)

222 South Vineyard Street, Suite 401

FAX (808) 533-4601

EMAIL bruce.coppa@808cch.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Kamehameha Schools

TELEPHONE

(808) 523-6348

MAILING ADDRESS (No. and Street or P.O. Box)

567 S. King Street, Suite 400

FAX (916) 442-2449

EMAIL kaburges@ksbe.edu

(City) Honolulu

(State) HI

(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$3,821.75
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>See Below</u> (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Bills 17 71, 17 17 108 18 9		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 17-58	Outcome: Passed Second Reading	4.	Outcome:
2. Bill 17-59	Outcome: Passed Second Reading	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>BAG</u> LOBBYIST SIGNATURE</p> <p><u>1/10/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, 2019</p> <p>By: <u>BAG</u> BRENDAN FRODENTE NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/21</u></p>
---	---

Rev 11/2018

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 Notary Name: Brendan Frodente First Circuit
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**HONOLULU ETHICS COMMISSION**

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19 JAN 10 AIO 37**2018 ANNUAL REPORT**Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Cordero, George

LOBBYIST FIRM/EMPLOYER (if applicable)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808 380 5423

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3410

FAX

808 522 5909

EMAIL

gcordero@acluhawaii.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96801

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808 522 5900

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 3410

FAX

808 522 5909

EMAIL

office@acluhawaii.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96801

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

\$ 0

Receptions, Meals, Food
& Beverages

Amount

\$ 0

Preparation & Distribution
of Lobbying Materials

Amount

\$ 6.04

Media Advertising

Amount

\$ 0

Entertainment & Events

Amount

\$ 0

Other ☐ Additional Sheet(s) Attached

TOTAL

\$ 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 0
Compensation	Amount \$ 384
Contributions	Amount \$ 0
Membership Fees	Amount \$ 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

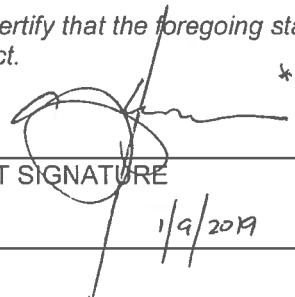
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 51 (2018)	Outcome: Passed	4.	Outcome:
2. Bill 52 (2018)	Outcome: Passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE 1/9/2019	Subscribed and sworn to before me This ____ day of _____, _____. By: * See attached notary page. NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
--	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Datta, Eric, Kyle

LOBBYIST FIRM/EMPLOYER (if applicable)

Ulupono Initiative

TELEPHONE

(808) 544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL
kdatta@ulupono.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Ulupono Initiative

TELEPHONE

(808) 544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL
info@ulupono.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

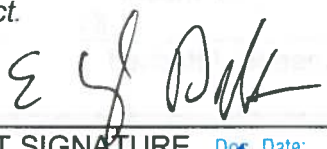

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE		Subscribed and sworn to before me This _____ day of JAN 15 2019 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
DATE 1/15/19		My commission expires: 2/12/14.20	

NOTARY PUBLIC
 No. 08-567
 STATE OF HAWAII

NOTARY PUBLIC
 No. 08-567
 STATE OF HAWAII

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

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2018 ANNUAL REPORTLobbyist Annual Report
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(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Delaunay, Christopher M.

LOBBYIST FIRM/EMPLOYER (if applicable)

Pacific Resource Partnership ^{JP 1/24}

TELEPHONE

808-528-5557

MAILING ADDRESS (No. and Street or P.O. Box)

1100 Alakea Street, 4th Floor

FAX 808-528-0421

EMAIL
cdelaunay@prp-hawaii.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Pacific Resource Partnership

TELEPHONE

808-528-5557

MAILING ADDRESS (No. and Street or P.O. Box)

1100 Alakea Street, 4th Floor

FAX 808-528-0421

EMAIL

(City) Honolulu

(State) HI

(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount \$100.29	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$100.29	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

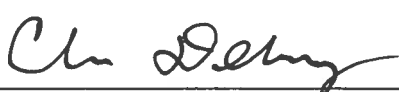

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-221	Outcome: Adopted	4. Reso 17-333	Outcome: Adopted
2. Reso 18-236	Outcome: Adopted	5.	Outcome:
3. Bill 59 (2017)	Outcome: Passed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>12/20/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>20th</u> day of <u>December</u>, <u>2018</u>.</p> <p>By: <u>Daphne Kealoha</u> </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 11, 2021</u></p>
---	---

Hawaii All-Purpose Acknowledgment

The Hawaii All-Purpose Acknowledgment certificate may be used when an individual is signing and acknowledging either on his or her own behalf, or in a representative capacity.

“Every acknowledgment or jurat shall be evidenced by a certificate signed and dated by a notary public. The certificate shall include the printed name of the notary public, the official stamp or seal of the

notary public, identification of the jurisdiction in which the notarial act is performed, identification or description of the document being notarized, which shall be close in proximity to the acknowledgment or jurat, and the number of pages and date of such document.” The NNA has incorporated these elements into the body of the certificate.

Instructions:

- 1 COUNTY** where Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year in which signer(s) appear(s) before the Notary.
- 3 NAME OF CIRCUIT COURT** where Notary performs notarization. See list of Circuits below.
- 4 NAME(S) OF SIGNER(S)** appearing before notarizing officer. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. If there is only one signer, line through any remaining space.
- 5 DESCRIPTION OF DOCUMENT** notarized, either its title (e.g., "Grant Deed") or an explanation of its purpose.
- 6 DATE OF DOCUMENT.** Date that appears on the document.

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H R 5 502-41(1)

12/15/2016 10:00:00 AM

State of Hawaii
County of Kauai } 55

2 On this 5th day of April, 2017, in the Fifth Circuit Court of the State of Hawaii
Day Month Year Name of Circuit
before me personally appeared Michael T Smith } 4
Name of Signer 1
(and _____) } 3
Name of Signer 2 (if any)
present to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are inserted in
the instrument, who being by me duly sworn or affirmed, did say that s/he/they executed the foregoing
instrument identified or described as Grant Deed } 5
Type of Document
and deed of said person(s) and is/are the party/they having been duly authorized to execute
the same, and I hereby certify the foregoing instrument is dated July 22, 2016 } 6
Date of Document
and contained 2 } 7
pages at the time of this acknowledgment. Verification
Name of Pages

11

PAT R JONES
NOTARY PUBLIC
Exp. 12-31-2018
Comm. No. 14-0000
STATE OF HAWAII

Pat R Jones } 8
Printed Name of Notary Public
Notary Public — STATE OF HAWAII
My commission expires 07/19/2020 } 9
Signature of Notary Public
Pat R. Jones } 10

Place Notary Seal or Stamp Above

12/15/2016 10:00:00 AM

NOTARIAL PUBLIC STATE OF HAWAII

- 7 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.
- 8 PRINTED NAME OF NOTARY PUBLIC** exactly as it appears on commission certificate.
- 9 COMMISSION EXPIRATION DATE**, exactly as it appears on commission certificate.
- 10 SIGNATURE OF NOTARY PUBLIC** exactly as name appears on commission certificate, in space 8 and in seal.
- 11 NOTARY SEAL OR STAMP IMPRINT** clearly and legibly affixed.

HAWAII CIRCUIT COURTS

First Circuit: Island of Oahu and other islands of state not in any other circuit.

Second Circuit: Islands of Maui, Molokai, Lanai, Kahoolawe, Molokini

Third Circuit: Island of Hawaii.

Fourth Circuit: None.

Fifth Circuit: Islands of Kauai, Niihau



NATIONAL
NOTARY
ASSOCIATION

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii

County of

Honolulu

} ss.

On this 20th day of December, 2018, in the First Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared

Christopher M. Selaunay
Name of Signer 1

(.)

(and

_____.
Name of Signer 2 (if any)

_____.) to me personally known or

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to

this instrument, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing

instrument identified or described as

2018 Lobbyist Annual Report
Type of Document

as the free act

and deed of such person(s), and if applicable, in the capacity shown having been duly authorized to execute

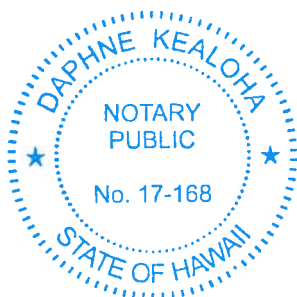
such instrument in such capacity. The foregoing instrument is dated

12/20/2018

Date of Document

and contained 2 pages at the time of this acknowledgment/certification.

No. of Pages



Place Notary Seal or Stamp Above

Daphne Kealoha

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires:

June 11, 2021

Daphne Kealoha

Signature of Notary Public

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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'19 JAN -7 A11 :44

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

DEWEESE, Garen R.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-5806

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

808-203-1634

EMAIL

garen.deweese@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-5806

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

EMAIL

garen.deweese@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a




PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None in 2018	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE December 19, 2018 DATE	Subscribed and sworn to before me This <u>19th</u> day of <u>December</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: <u>July 18, 2020</u> 
--	---

Doc. Date: undated # Pages: 2
Name: Deborah Ichishita First Circuit
Doc. Description: 2018

Lobbyist Annual Report
Deborah Ichishita 12/19/18
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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(January 1 – December 31, 2018)
(Type or Print Clearly)

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PART I LOBBYIST

NAME (Last) (First) (Middle)

Egged, Rick

LOBBYIST FIRM/EMPLOYER (if applicable)

Waikiki Improvement Association

TELEPHONE

(808) 923-1094

MAILING ADDRESS (No. and Street or P.O. Box)

2250 Kalakaua Ave. Suite 315

FAX

(808) 923-2622

EMAIL

rick@waikikiimprovement.com

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96815

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Waikiki Improvement Association

TELEPHONE

(808) 923-1094

MAILING ADDRESS (No. and Street or P.O. Box)

2250 Kalakaua Ave. Suite 315

FAX

(808) 923-2622

EMAIL

rick@waikikiimprovement.com

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96815

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,985
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 51 (2019)	Outcome: Passed	4. Bill 6 (2018)	Outcome: Passed
2. Bill 52 (2019)	Outcome: Passed	5. Bill 11 (2018)	Outcome: Passed
3. Resolution ^{JP} 18-236	Outcome: Passed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>3/26/19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>26</u> day of <u>MARCH</u>, <u>2019</u>.</p> <p>By:  <u>HIDEKO TEUKUCHI</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>DECEMBER 14 2020</u></p>
---	--

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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19 JAN 10 P3:58

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Ellamar, Stacy E.O.

LOBBYIST FIRM/EMPLOYER (if applicable)

Pacific Resource Partnership

TELEPHONE

808-528-5557

MAILING ADDRESS (No. and Street or P.O. Box)

1100 Alakea Street, 4th Floor

FAX

EMAIL

stacyellamar@gmail.com

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Pacific Resource Partnership

TELEPHONE

808-528-5557

MAILING ADDRESS (No. and Street or P.O. Box)

1100 Alakea Street, 4th Floor

FAX

EMAIL

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 58.88	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 58.88	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

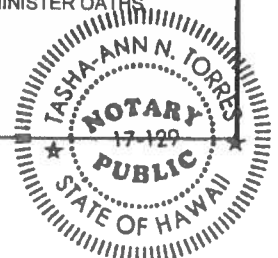
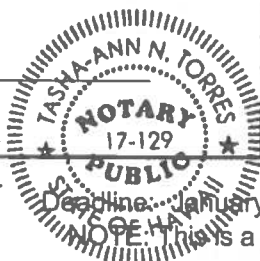
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>59</u> (Year) <u>2017</u> Reso No. <u>17-333</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 59 (2017)	Outcome: Approved by the mayor	4.	Outcome:
2. Resolution 17-333	Outcome: Resolution adopted	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Tina</u> LOBBYIST SIGNATURE DATE <u>1/9/19</u> Doc. Description: <u>2018 Annual Report</u></p>		<p>Subscribed and sworn to before me</p> <p>This <u>9</u> day of <u>January</u>, 2019.</p> <p>By: <u>Tasha Ann N. Torres</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>MAY 21 2021</u></p>	
<p>Rev. 11/2018 Doc. Date <u>1/9/19</u> No. Pages: <u>2</u> Notary Printed Name <u>Tasha-Ann N. Torres</u> Jud. Circuit <u>1st</u></p>		<p>Deadline: January 10th of Each Year This is a public document</p>	



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

ENDO-OMOTO, Darcy L

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-4818

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

808-203-1147

EMAIL

darcy.endo@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Electric Company, Inc.

TELEPHONE

808-543-4818

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2750

FAX

EMAIL

darcy.endo@hawaiianelectric.com

(City)

Honolulu

(State)

HI

(Zip Code)

96840

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None in 2018	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE December 19, 2018 DATE	Subscribed and sworn to before me This <u>19th</u> day of <u>December</u> , <u>2018</u> . By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: <u>July 18, 2020</u>
--	---

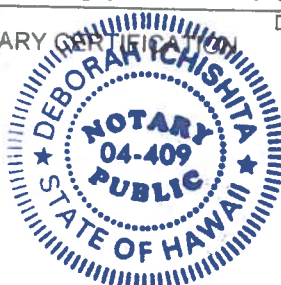
Doc. Date: undated # Pages: 2

Name: Deborah Ichishita First Circuit

Doc. Description: 2018 Lobbyist
Annual Report

Deborah Ichishita 12/19/18
Signature Date

NOTARY CERTIFICATION



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Evensen, Stacy

LOBBYIST FIRM/EMPLOYER (if applicable)

BT Consulting, Inc

TELEPHONE

808-524-4155

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop St., Ste 808

FAX

EMAIL

stacyevensen@gmail.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Humane Society

TELEPHONE

808-356-2200

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop St., Ste 808

FAX

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

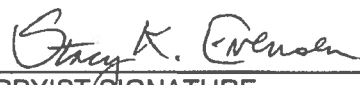
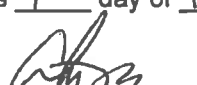
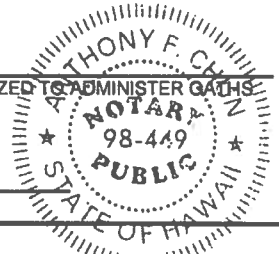
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 15 (2018)	Outcome: Enacted	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;">  LOBBYIST SIGNATURE DEC 4 2018 DATE </p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>December</u>, <u>2018</u>.</p> <p>By: </p> <p style="text-align: center;"> NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Anthony F. Chun My commission expires: SEP - 7 2022 </p> <div style="text-align: right;">  </div>
---	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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01-14-19

19 JAN 10 P12:29

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

EVORA, GAYLA L.

LOBBYIST FIRM/EMPLOYER (if applicable)

STARN O'TOOLE MARCUS & FISHER

TELEPHONE

(808) 537-6100

MAILING ADDRESS (No. and Street or P.O. Box)

733 BISHOP STREET, SUITE 1900

FAX

(808) 537-5434

EMAIL

gevora@starnlaw.com

(City)

HONOLULU

(State)

HAWAII

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

PARK HOTELS & RESORTS INC.

TELEPHONE

(571) 302-5757

MAILING ADDRESS (No. and Street or P.O. Box)

1775 TYSONS BLVD., 7TH FLOOR

FAX

EMAIL

(City)

TYSONS

(State)

VIRGINIA

(Zip Code)

22102

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 267.02
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>13</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. BILL 13 (2018)	Outcome: PASSED	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/19 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , <u>2019</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>2-4-19</u>
---	--

NOTARY CERTIFICATION STATEMENT

Doc. Date: 1-9-19 ☐ Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Gayla L. Evora)

No. of Pages: 3

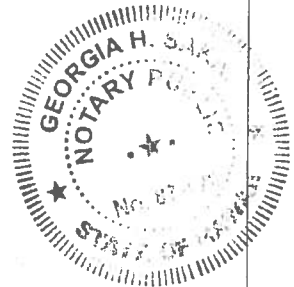
Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Georgia H. Sakai
Signature of Notary

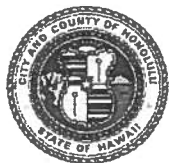
1-9-19

Date of Notarization and
Certification Statement

Georgia H. Sakai
Printed Name of Notary



(Official Stamp or Seal)

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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19 JAN -9 P 4:46**2018 ANNUAL REPORT**Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) EVORA, GAYLA L.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL gevora@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TURTLE BAY RESORT, LLC		TELEPHONE (808) 293-6000
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX
		EMAIL
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
			TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 3,371.73
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u></u> LOBBYIST SIGNATURE</p> <p><u>1/8/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9-9-19</u></p>
---	--

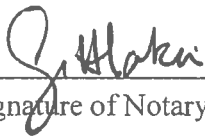
NOTARY CERTIFICATION STATEMENT

Doc. Date: January 8, 2019 ☐ Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report Form (Gayla L. Evora)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii



Signature of Notary

1-8-19

Date of Notarization and
Certification Statement

GEORGIA H. SAKAI

Printed Name of Notary



(Official Stamp or Seal)

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Field, Laurie Ann		
LOBBYIST FIRM/EMPLOYER (if applicable) Planned Parenthood Votes Northwest and Hawaii		TELEPHONE 808.954.4736
MAILING ADDRESS (No. and Street or P.O. Box) 1350 S King Street, Ste. 309		FAX
		EMAIL laurie.field@ppvnh.org
(City) Honolulu	(State) HI	(Zip Code) 96814

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Planned Parenthood Votes Northwest and Hawaii		TELEPHONE 808.954.4736
MAILING ADDRESS (No. and Street or P.O. Box) 2001 East Madison St.		FAX
		EMAIL laurie.field@ppvnh.org
(City) Seattle	(State) WA	(Zip Code) 98122

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL <input checked="" type="checkbox"/> n/a	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached <input checked="" type="checkbox"/> N/A	



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/19 DATE	Subscribed and sworn to before me This 10 day of January, 2019 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS C. Osurman My commission expires Commission Expires: July 22, 2022 Comm. No. 18-423 Notary Certification on back
--	--

NOTARY PUBLIC CERTIFICATION

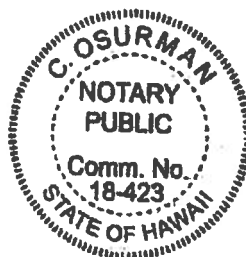
Document Date: 1/10/2019

Notary Name: C. Osurman

Doc. Description: Honolulu
Ethics Commission 2018

Annual Report
1/10/2019
Notary Signature _____ Date

pgs: 2
First Circuit



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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19 JAN 10 P12:29

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

FISHER, DUANE R.

LOBBYIST FIRM/EMPLOYER (if applicable)

STARN O'TOOLE MARCUS & FISHER

TELEPHONE

(808) 537-6100

MAILING ADDRESS (No. and Street or P.O. Box)

733 BISHOP STREET, SUITE 1900

FAX

(808) 537-5434

EMAIL

dfisher@starnlaw.com

(City)

HONOLULU

(State)

HAWAII

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

PARK HOTELS & RESORTS INC.

TELEPHONE

(571) 302-5757

MAILING ADDRESS (No. and Street or P.O. Box)

1775 TYSONS BLVD., 7TH FLOOR

FAX

EMAIL

(City)

TYSONS

(State)

VIRGINIA

(Zip Code)

22102

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☒ Additional Sheet(s) Attached

TOTAL \$32,713.92

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 22,162.29
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>13</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. BILL 13 (2018)	Outcome: PASSED	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p style="text-align: center;">LOBBYIST SIGNATURE</p> <p style="text-align: center;">1-8-19</p> <p style="text-align: center;">DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u></p> <p>By: </p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
---	--

HONOLULU ETHICS COMMISSION
2018 ANNUAL REPORT – DUANE R. FISHER

PART III EXPENDITURES, BY TYPE

Photocopying	\$ 33.15
Scanning	5.70
City & County of Honolulu – Dept. of Planning & Permitting (charge for audio version of 2/7/18 Planning Commission hearing)	15.00
Westlaw (research)	9.10
Conference call charges	52.82
The McClellan Group (consultant)	20,179.31
G70 (consultant)	<u>12,418.84</u>
TOTAL:	<u><u>\$32,713.92</u></u>

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 8, 2019 ☐ Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Duane R. Fisher)

No. of Pages: 4

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

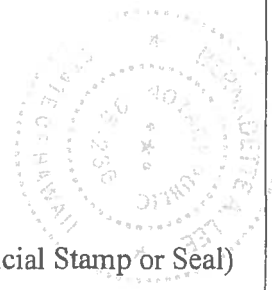
Bernadette A. Lee January 8, 2019
Signature of Notary Date of Notarization and

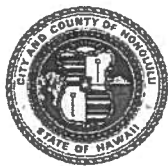
BERNADETTE A. LEE

Certification Statement

Printed Name of Notary

(Official Stamp or Seal)



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORT

Lobbyist Annual Report

(January 1 – December 31, 2018)

(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FISHER, DUANE R.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL dfisher@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TURTLE BAY RESORT, LLC		TELEPHONE (808) 293-6000
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX
		EMAIL
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached Photocopying: \$11.33; Staff support: \$49.80	
		TOTAL \$ 61.13	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 1,347.67
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p>1-8-19 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
--	---

Doc. Date: January 8, 2019 ☐ Undated at time of notarization

No. of Pages: 3

Signature of Notary Brandette A. Lee Date of Notarization and Certification Statement January 8, 2019

BERNADETTE A. LEE
Printed Name of Notary

(Official Stamp or Seal)

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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01-14-19

*19 JAN -8 P12:33

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Fowler, Lisa

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaiian Humane Society

TELEPHONE

(808) 356-2242

MAILING ADDRESS (No. and Street or P.O. Box)

2700 Waiialae Avenue

FAX

(808) 955-6034

EMAIL

lfowler@hawaiianhumane.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96826

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaiian Humane Society

TELEPHONE

(808) 356-2242

MAILING ADDRESS (No. and Street or P.O. Box)

2700 Waiialae Avenue

FAX

(808) 955-6034

EMAIL

lfowler@hawaiianhumane.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96826

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

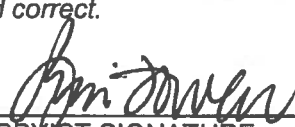
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Animal welfare and animal services.		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE		Subscribed and sworn to before me This <u>7th</u> day of <u>January</u> , <u>2019</u> . By: <u>Dawn E. Kim</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>Dawn E. Kim</u> My commission expires: <u>July 25, 2021</u>	
January 7, 2019 DATE	NOTARY PUBLIC CERTIFICATION Dawn E. Kim Doc. Description: <u>2018 annual</u>	First Judicial Circuit My commission expires: <u>July 25, 2021</u>	

Rev. 11/2018

Lobbyist report
 No. of Pages: 2 Date of Report: 1.7.2019
 Deadline: January 10th of Each Year
 NOTE: This is a public document
Dawn E. Kim
 Notary Signature Date

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

FUKUHARA, TROY T.

LOBBYIST FIRM/EMPLOYER (if applicable)

CASTLE & COOKE HOMES HAWAII, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

tfukuhara@castlecooke.com

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

CASTLE & COOKE HOMES HAWAII, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

tfukuhara@castlecooke.com

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


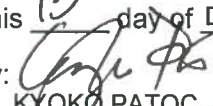
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

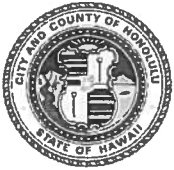
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DEC 13 2018 DATE	Subscribed and sworn to before me This 13 th day of December 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020 NOTARY CERTIFICATION
---	---

**HONOLULU ETHICS COMMISSION**

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

FUKUHARA, TROY T.

LOBBYIST FIRM/EMPLOYER (if applicable)

CASTLE & COOKE HOMES HAWAII, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

tfukuhara@castlecooke.com

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

CASTLE & COOKE PROPERTIES, INC.

TELEPHONE

(808) 548-4811

MAILING ADDRESS (No. and Street or P.O. Box)

680 IWILEI ROAD, SUITE 510

FAX

(808) 548-2975

EMAIL

tfukuhara@castlecooke.com

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


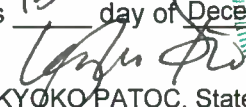
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

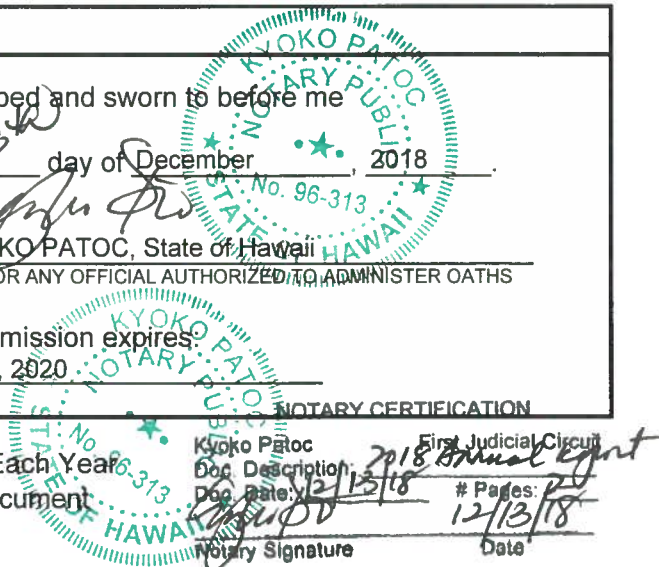
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

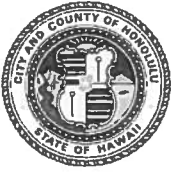
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DEC 13 2018 DATE	Subscribed and sworn to before me This 13 th day of December, 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020
---	--



**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY T.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL tfukuhara@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL tfukuhara@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


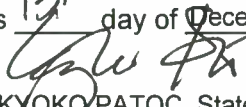
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

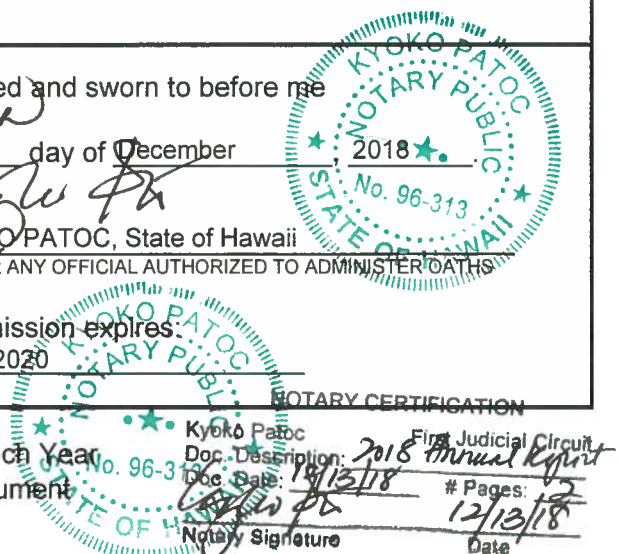
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DEC 13 2018 DATE	Subscribed and sworn to before me This 13 th day of December, 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020
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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Gaug, Kevan, Greg

LOBBYIST FIRM/EMPLOYER (if applicable)

Ulupono Initiative

TELEPHONE

(808) 544-8976

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

ggaug@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Ulupono Initiative

TELEPHONE

(808) 544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

info@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	<input checked="" type="checkbox"/>	Receptions, Meals, Food & Beverages	Amount	<input checked="" type="checkbox"/>
Preparation & Distribution of Lobbying Materials	Amount	<input checked="" type="checkbox"/>	Media Advertising	Amount	<input checked="" type="checkbox"/>
Entertainment & Events	Amount	<input checked="" type="checkbox"/>	Other <input type="checkbox"/> Additional Sheet(s) Attached		<input checked="" type="checkbox"/>
			TOTAL		<input checked="" type="checkbox"/>

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount	0
Compensation	Amount	0
Contributions	Amount	0
Membership Fees	Amount	0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a	

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

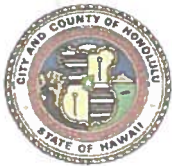
PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>2/1/19</u> Doc. Date: <u>FEB 01 2019</u> # Pages <u>2</u> LOBBYIST SIGNATURE: <u>MIRRIAM R. DOMINGO</u> First Circuit Doc. Description: <u>2018 ANNUAL REPORT</u> DATE: <u>02/01/19</u> Notary Signature: <u>[Signature]</u> No. 18-137 Date: <u>FEB 01 2019</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>1st</u> day of <u>FEBRUARY</u>, <u>2019</u>.</p> <p>By: <u>KEVIN GREGORY GRANT</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>3/25/2022</u></p> <p><u>MIRRIAM R. DOMINGO</u> NOTARY PUBLIC No. 18-137 STATE OF HAWAII</p>
---	--

Rev. 11/2018

Deadline: January 10th of Each Year

NOTE: This is a public document

**HONOLULU ETHICS COMMISSION**

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2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Geminiani, Victor		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Appleseed Center for Law and Economic Justice		TELEPHONE 808-227-3845
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1180		FAX
		EMAIL victor@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Appleseed Center for Law and Economic Justice		TELEPHONE 808-587-7605
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 1180		FAX
		EMAIL info@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount n/a	Receptions, Meals, Food & Beverages	Amount n/a
Preparation & Distribution of Lobbying Materials	Amount n/a	Media Advertising	Amount n/a
Entertainment & Events	Amount n/a	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount <u>n/a</u>
Compensation	Amount <u>\$1,692</u>
Contributions	Amount <u>n/a</u>
Membership Fees	Amount <u>n/a</u>
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. <u>Bill 89 (2018)</u>	Outcome: <u>defeated</u>	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>MVZ</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/14/19</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>14TH</u> day of <u>JANUARY</u>, <u>2019</u>.</p> <p>By: <u>[Signature]</u> JOHN JULIAN NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>12/08/2021</u></p> <p>COMMISSION EXPIRES 12/08/2021</p> <p>JOHN JULIAN NOTARY PUBLIC No 13-431 STATE OF HAWAII</p>
--	---

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

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19 MAR -4 A11:16

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Gill, Gary L.

LOBBYIST FIRM/EMPLOYER (if applicable)

Self/Gary Gill Consultant

TELEPHONE

808 366-8950

MAILING ADDRESS (No. and Street or P.O. Box)

2465 Booth Rd.

FAX

None

EMAIL

GaryLGill@gmail.com

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Sierra Club of Hawaii

TELEPHONE

538-6616

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 2577

FAX

none

EMAIL

HawaiiChapter@SierraClub.org

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96803

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount none	Receptions, Meals, Food & Beverages	Amount none
Preparation & Distribution of Lobbying Materials	Amount none	Media Advertising	Amount none
Entertainment & Events	Amount none	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount none
Compensation	Amount none
Contributions	Amount none
Membership Fees	Amount none
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


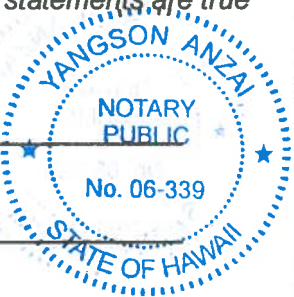

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. none	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 2/25/19 DATE		Subscribed and sworn to before me This <u>25th</u> day of <u>February</u> , <u>2019</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>JUN 11 2022</u>
--	---	--

Doc. Date: 2/25/19 # Pages 2
Yangson Anzai First Circuit

Doc. Description Lobbyist
Annual Report

Yangson Anzai 2/25/19
Notary Signature Date



**HONOLULU ETHICS COMMISSION**

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2018-14-19

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2018 ANNUAL REPORTLobbyist Annual Report
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(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Gold Joy

LOBBYIST FIRM/EMPLOYER (if applicable)

Joy Gold Unlimited, Inc.

TELEPHONE

808-368-1146

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 88555

FAX

EMAIL
joy@joygoldunlimited.com

(City) Honolulu

(State) HI

(Zip Code) 96830

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Dart Container Corporation

TELEPHONE

949-262-3255

MAILING ADDRESS (No. and Street or P.O. Box)

4000 Barranca Parkway

FAX

EMAIL
jonathan.choi@dart.biz

(City) Irvine

(State) CA

(Zip Code) 92604

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 4,974
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

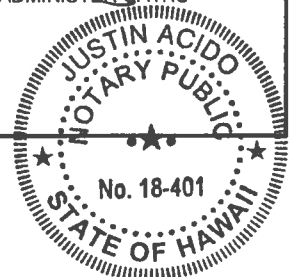
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>108,4,5,92</u> (Year) <u>2018</u> Reso No. <u>18-35</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

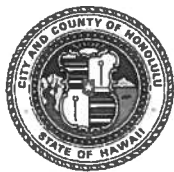
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 108	Outcome: Ongoing	4. Bill 92	Outcome: Ongoing
2. Bill 4	Outcome: Ongoing	5. 18-35	Outcome: Passed
3. Bill 5	Outcome: Ongoing	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Jon Gold</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/7/19</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>7</u> day of <u>January</u>, <u>2019</u></p> <p>By: JUSTIN ACIDO</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/22/2022</u></p>
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**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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*19 JAN -8 P12:59

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Gold Joy

LOBBYIST FIRM/EMPLOYER (if applicable)

Joy Gold Unlimited, Inc.

TELEPHONE

808-368-1146

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 88555

FAX

EMAIL

joy@joygoldunlimited.com

(City)

Honolulu

(State)

HI

(Zip Code)

96830

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

KYD, Inc. dba: K. Yamada Distributors

TELEPHONE

808-836-7301

MAILING ADDRESS (No. and Street or P.O. Box)

2949 Koapaka Street

FAX

EMAIL

dy@kyd-inc.com

(City)

Honolulu

(State)

HI

(Zip Code)

96819

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

Receptions, Meals, Food
& Beverages

Amount

Preparation & Distribution
of Lobbying Materials

Amount

Media Advertising

Amount

Entertainment & Events

Amount

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 4,976
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a


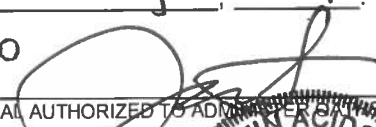
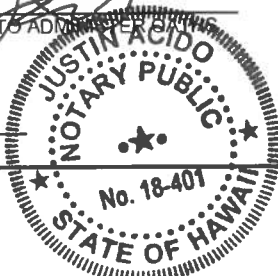
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>108,4,5,92</u> (Year) <u>2018</u> Reso No. <u>18-35</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 108	Outcome: Ongoing	4. Bill 92	Outcome: ongoing
2. Bill 4	Outcome: Ongoing	5. 18-35	Outcome: Passed
3. Bill 5	Outcome: Ongoing	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/7/19 DATE	Subscribed and sworn to before me This <u>7</u> day of <u>January</u> , <u>2019</u> By: JUSTIN ACIDO  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/22/2022</u> 
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2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Gold Joy

LOBBYIST FIRM/EMPLOYER (if applicable)

Joy Gold Unlimited, Inc.

TELEPHONE

808-368-1146

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 88555

FAX

EMAIL

joy@joygoldunlimited.com

(City)

Honolulu

(State)

HI

(Zip Code)

96830

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Meadow Gold Dairies

TELEPHONE

808-944-5911

MAILING ADDRESS (No. and Street or P.O. Box)

925 Cedar Street

FAX

EMAIL

john_erickson@deanfoods.com

(City)

Honolulu

(State)

HI

(Zip Code)

96814

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

0

Receptions, Meals, Food
& Beverages

Amount

0

Preparation & Distribution
of Lobbying Materials

Amount

0

Media Advertising

Amount

0

Entertainment & Events

Amount

0

Other ☐ Additional Sheet(s) Attached

TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

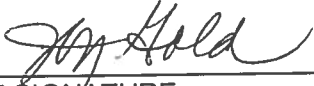

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/7/19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>7</u> day of <u>January</u>, 2019.</p> <p>By: JUSTIN ACIDO</p> <p></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/22/2022</u></p>
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